

2012 Cancer Care Report to the Community: Lymphoma Site Specific Study

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Introduction

The term “lymphoma” includes a wide variety of diseases, including Hodgkin’s lymphoma, the non-Hodgkin’s lymphomas, multiple myeloma, and both acute and chronic lymphocytic leukemias. All of these arise in different types of lymphocytes, cells with important roles in the immune system. Despite related origins, there is great diversity in the behavior, gene mutations, and surface markers seen in these malignancies.

Thomas Hodgkin provided the first description of the lymphoma that bears his name in 1832. Because Hodgkin’s Disease is very sensitive to radiation therapy, much of the early research into diagnosis, classification, and treatment of lymphomas centered on this disease. As twentieth-century scientists discovered techniques for looking at different proteins on the surface of lymphoma cells, as well as techniques for identifying different gene mutations, more accurate and helpful classification systems appeared. These new discoveries, along with information about the behavior of different types of lymphoma, allowed better tailoring of treatment to each form of the disease.

Incidence and Mortality

While the number of cases of Hodgkin’s Disease has stayed about the same over the past twenty years, cases of non-Hodgkin’s lymphomas have risen steadily. (Figure 1) Presently, non-Hodgkin’s Disease represents 85% of lymphoma cases, with Hodgkin’s disease accounting for the rest.

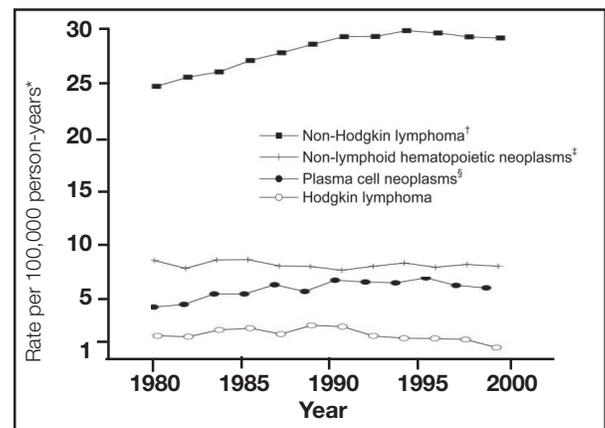


Part of the rise in NHL after 1980 reflected the increase in HIV-associated neoplasms, but this alone does not account for the entire increase. Because many subtypes of NHL are age-related, rising NHL incidence partly reflects increasing longevity. Even when controlling for age, however, there remains an unexplained increase in the incidence of these diseases.

According to SEER data, approximately 43,120 American men and 36,070 American women will receive a new diagnosis of non-Hodgkin’s lymphoma in 2012. This corresponds to an

incidence of 27 cases per 100,000 men, and 18.8 cases per 100,000 women. (over)

Figure 1: Trends in incidence of hematopoietic neoplasms by broad subtype category, 9 SEER registries, 1978-1979 to 2000-2001.*



Norwood Hospital Cancer Care Services

Norwood Hospital offers community-based care for most cancers. Services are conveniently located at the hospital and its Cancer Center at 70 Walnut Street in Foxboro. Our goal is to provide local access to current treatment to achieve the best possible outcomes. We offer:

- Leading-edge radiology:
 - Digital mammography • PET CT • Ultrasound
- Medical oncology
- Surgical services
- Outpatient chemotherapy clinic
- Intensity-Modulated Radiation Therapy (IMRT)
- Seed implants
- National cancer research trials
- Community health screenings and education, including American Cancer Society programs
- Pain management
- Rehabilitation



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Norwood Hospital saw twenty cases of lymphoma in 2010, and another seventeen in 2011. 86% of the Norwood patients had NHL and 14% had Hodgkin's Disease, nearly identical to the national ratio. These cases illustrate the broad variety of lymphoma types, as there were patients with diffuse large B cell lymphoma, follicular lymphoma, mantle zone lymphoma, marginal zone lymphoma, Burkitt's lymphoma, and lymphoplasmacytic lymphoma.

The Norwood patients with non-Hodgkin's lymphoma ranged in age from 53 to 90. Of the two patients with Hodgkin's Disease, one was 26 and the other was 53. Because non-Hodgkin's lymphoma tends to be a disease of aging while Hodgkin's Disease peaks in both 20-30 year olds as well as in the elderly, this distribution pattern is typical.

As in most cancers, survival correlates with stage at the time of diagnosis. (Figure 2) Staging usually involves a combination of imaging studies, including CT scans, MRI, and increasingly, PET-CT. Often, bone marrow biopsy is included in the staging work-up, particularly in Hodgkin's Disease where marrow involvement portends a worse prognosis. Nationwide, approximately half of lymphoma patients have extensive disease at diagnosis. The overall fatality rate is 8.9 per 100,000 men, and 5.5 per 100,000 women.

Figure 2: The stage distribution is based on Summary Stage 2000. (SEER data)

Stage Distribution and 5-year Relative Survival by Stage at Diagnosis for 2002-2008, All Races, Both Sexes		
Stage at Diagnosis	Stage Distribution (%)	5-year Relative Survival (%)
Localized (confined to primary site)	28	81.2
Regional (spread to regional lymph nodes)	15	71.9
Distant (cancer has metastasized)	48	59.9
Unknown (unstaged)	8	65.0

The relation of stage to survival is most significant in Hodgkin's lymphoma. The low grade non-Hodgkin's lymphomas often present in higher stage, but still have a slow, indolent course with survival measured in years. Aggressive lymphoma subtypes, even when identified in an earlier stage, can progress rapidly to death if treatment is unsuccessful.

Treatment

In many cases of low grade lymphoma, the best initial therapy is watchful waiting even for patients who present in an advanced stage of disease. Chemotherapy, radiation therapy, targeted therapy, or combinations of all three are potent treatments for advanced or higher grade lymphomas. In some cases, stem cell transplant is another option. For patients who are willing to participate, clinical trials offer an opportunity to participate in ongoing scientific investigations. Such trials can further the development of new drugs or different approaches to diagnosis and treatment.

In each of Norwood Hospital's cases, both the work-up and the treatment plan were tailored specifically to the needs of each individual patient. Patients with other serious medical conditions were spared unnecessarily complex or risky investigations. Patients who were willing and able to pursue treatment received appropriately complete work-ups. Every patient received state-of-the-art treatment that met the rigorous standards of the National Comprehensive Cancer Network, a nationwide organization dedicated to promoting evidence-based guidelines for cancer treatment. This individualized approach to patient care is a hallmark of excellent care, and a testimony to the dedicated community care by physicians, nurses, and staff of Norwood Hospital.

Norwood Hospital

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Steward

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